

Case Number:	CM15-0084314		
Date Assigned:	05/06/2015	Date of Injury:	09/30/2003
Decision Date:	06/05/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old female sustained an industrial injury to the neck, shoulder and back on 9/30/03. The injured worker underwent discectomy, laminectomy and lumbar fusion at L4-S1 on 8/11/14 and right L4-5 laminectomy and repeat L4-5 laminectomy, decompression of the dural space and L5 nerve root with repair of pseudoarthrosis on 8/12/14. In a pain medicine progress note dated 11/19/14, the physician noted that the injured worker had been unable to use Fentanyl patches for the past three weeks. The injured worker was taking 240 mg of Oxycodone daily and Neurontin 2700 mg daily. The physician restarted Fentanyl patch 25mcg every 72 hours. The physician stated that he was hopeful that this would decrease the injured worker's need for Oxycodone IR to every four hours rather than every three hours. In a progress note dated 3/18/15, the injured worker complained of pain to the lumbar spine 7/10 on the visual analog scale with medications and 10/10 without. The injured worker reported that the Fentanyl 25mcg patch was not sufficient. The injured worker reported that she was taking 2100 mg of Neurontin per day, which was less than the 2700 mg that was prescribed. The physician noted that things were slowly improving after major surgery and several setbacks. The injured worker could walk half a block with the walker and was using a cane inside the house. Current diagnoses included degeneration of cervical intervertebral disc, chronic pain syndrome, knee pain, lumbar spine radiculitis and lumbar post-laminectomy syndrome. The treatment plan included continuing Oxycodone 240mg day, increasing Fentanyl to 75mcg patch, continuing medications (Hydroxyzine, Zolpidem and Neurontin) and decreasing Oxycodone to #180 at the next visit.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Oxycodone 30mg #210 (per 4/16/15 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Oxycodone. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring". These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring". The treatment course of opioids in this patient has extended well beyond the time frame required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Oxycodone is not medically necessary.

Fentanyl 75mcg/hr transdermal patch #10 (per 4/16/15 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including the Fentanyl Patch. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring". These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring". The treatment course of opioids in this patient has extended well beyond the time frame required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with the Fentanyl Patch is not medically necessary.